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1030 15th Street, Suite 400 East	,	.CK, L.L.P.	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATT	ORNEY DOCKET NO.	CONFIRMATION NO.
10/583,760	06/21/2006	•	Hans-Jorg Treichler	•	2006_0804A	8707
TITLE OF INVENTIO PROLIFERATION	N: COBALAMINE 1	DERIVATIVES USEFU	JL FOR DIAGNOSIS A	AND TREATMENT	OF ABNORMAL CE	ELLULAR
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	E DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	08/12/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS]		
KRISHNAN, GANAPATHY		1623	514-052000			
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIC SOLIDAGO A ZURICH, UNI PAUL SCHER	ess an assignee is ident in 37 CFR 3.11. Comp SNEE .G VERSTITAT RER INSTITUT	ified below, no assignee oletion of this form is NO	(B) RESIDENCE: (CITY BERN, SWITZE ZURICH, SWITZ VILLIGEN PSI,	atent. If an assignee is assignment. and STATE OR COUL ERLAND ZERLAND SWITZERLAND	NTRY)	document has been filed for
la. The following fee(s) a X	o small entity discount p		b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).			
 Change in Entity Stat a. Applicant claims 	us (from status indicate SMALL ENTITY state	· · · · · · · · · · · · · · · · · · ·	☐ b. Applicant is no long	ger claiming SMALL E	NTITY status. See 37 C	CFR 1.27(g)(2).
		uired) will not be accepte tes Patent and Trademark	ed from anyone other than t			he assignee or other party in
		Olgitally signed by Affiliam R. Schmidt. III. DN: cre-William R. Schmidt. III. owWLP, com, c=US Date 2009.07.31 1438:56-04'00'		Date <u>July</u> .	31, 2009	
Typed or printed name William R. Schmidt, II			Registration No. <u>58,327</u>			
ubmitting the completed his form and/or suggestic Box 1450, Alexandria, V Alexandria, Virginia 223	application form to the ons for reducing this buing inginia 22313-1450. DC 13-1450.	CUSPTO. Time will vary rden, should be sent to the ONOT SEND FEES OR	y depending upon the indiv ne Chief Information Office	ridual case. Any comme er, U.S. Patent and Trad D THIS ADDRESS. SE	ents on the amount of the emark Office, U.S. Dep ND TO: Commissioner	d by the USPTO to process) ng gathering, preparing, and me you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,